

Case Number:	CM14-0183196		
Date Assigned:	11/10/2014	Date of Injury:	09/25/2012
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59-year-old female. Her date of injury was 09/25/2012. Her mechanism of injury was not included in the medical record. Her diagnoses included thoracic lumbosacral neuritis and lumbar myelopathy. There were no past treatments indicated in the medical record. Her diagnostic studies included a lumbar MRI on 04/03/2014, with results indicating significant for lateral recess stenosis at L4-5, and nerve conduction study and electromyography on 05/21/2014. On 10/06/2014, she had complaints of lumbar pain, bilateral buttock and inguinal pain, right thigh weakness. During her 10/06/2014 physical exam, findings indicated no swelling, deformity, or tenderness to her spine, range of motion was within normal limits, and muscle strength testing was 5/5. Nerve root disease are negative. There is normal physiologic lumbar lordosis, no scoliosis. Her surgical history included a posterior microscope assisted lumbar right sided laminectomy and decompression on 08/21/2013. Her medications included ibuprofen 200 mg. Her treatment plan included a request for MRI of the lumbar spine and x-ray exam of the lower spine. The rationale for the request and the Request for Authorization Form were not included in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lumbar X-rays 4 views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The request for lumbar x-rays 4 views is not medically necessary. The injured worker complains of lumbar pain, bilateral buttock and inguinal pain, and right thigh weakness. Her lumbar spine range of motion testing was normal in extension, flexion, and side bending. The California MTUS/ACOEM Guidelines state that radiographs of the lumbosacral spine are not recommended in patients with low back pain in the absence of red flags. The guidelines state relying solely on imaging studies to evaluate the source of low back pain and related symptoms carries a significant risk of a false positive test result. The documentation in the chart does not indicate a presence of red flags for a serious spinal pathology, or objective findings that identify specific nerve compromise. Indiscriminate imaging may result in false positive findings that are not the source of the painful symptoms, and do not warrant surgery. The documentation does not support the request for lumbar x-rays 4 views. Therefore, the request is not medically necessary.

MRI (magnetic resonance imaging) lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs

Decision rationale: The request for MRI (magnetic resonance imaging) lumbar spine is not medically necessary. The injured worker has complaints of lumbar pain, bilateral buttock and inguinal pain, and right thigh weakness. The Official Disability Guidelines state a repeat MRI is not routinely recommended. It should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. As the medical record does not indicate there has been a significant change in symptoms or significant pathology, the request is not supported by the documentation. Therefore, the request is not medically necessary.